REPORT TO MEMBER

This statement explains your HMSA benefits. It is not a bill.

MIKA KINA
1214 MOLEHU DR
HONOLULU HI 96818

NO: R000086327418 00

January 30, 2026

PATIENT SERVICE DATES	PROVIDER TYPE OF SERVICE /DRUG	CHARGE / RETAIL COST	PROVIDER ADJUSTMENT	ELIGIBLE CHARGE	YOUR BENEFIT	YOU MAY OWE	MESSAGE CODES
MIKA	HUGO HIGA MD	CLMID: 26021E0000266					
01/16/26	OFFICE VISIT	225.00	-62.56	162.44	150.44	12.00	
	TAX	10.60					998
	TOTAL CLAIM	**$235.60**		**$162.44**	**$150.44**	**$12.00**	
				PAYMENT MADE TO PROVIDER			

MESSAGE CODE EXPLANATION(S)

998 - TAX IS THE MEMBERS RESPONSIBILITY. PARTICIPATING PROVIDERS WILL BASE TAX ON HMSAS ELIGIBLE CHARGE.

THE PROVIDER HAS AGREED TO ACCEPT HMSA'S ELIGIBLE CHARGE AS PAYMENT IN FULL. THE PROVIDER ADJUSTMENT IS THE AMOUNT BY WHICH THE PROVIDER'S BILLED CHARGE EXCEEDS THE ELIGIBLE CHARGE.

THE YOU MAY OWE COLUMN REFLECTS THE PATIENT LIABILITY FOR COPAY/COINSURANCE/ROOM DIFFERENTIAL EXCEPT AS OTHERWISE INDICATED BY A DENIAL OR DEDUCTIBLE MESSAGE.

FOR FURTHER INFORMATION REGARDING REASON(S) FOR ANY CLAIM DENIAL OR OTHER ADVERSE DETERMINATION, AS WELL AS A DESCRIPTION OF THE STANDARD(S) USED TO RENDER THIS DECISION, PLEASE GO TO HMSA.COM/MESSAGING. YOU MAY REQUEST AN APPEAL OF ANY CLAIM DENIAL. SEE THE BACK OF THIS REPORT TO MEMBER, YOUR PLAN OR HMSA.COM FOR MORE INFORMATION REGARDING YOUR RIGHT TO APPEAL.

IF YOU HAVE A QUESTION ABOUT THIS REPORT, OUR CUSTOMER SERVICE REPRESENTATIVES WILL BE HAPPY TO ASSIST YOU. PLEASE REFER TO THE REVERSE SIDE FOR THE PHONE NUMBER OF THE HMSA OFFICE NEAREST YOU. THE BEST TIMES TO CALL FOR A SHORTER WAIT TIME ARE THURSDAY AND FRIDAY AFTERNOONS.

NEED TO TALK TO A DOCTOR? NOW IT'S QUICK AND EASY. WITH HMSA'S ONLINE CARE, YOU CAN TALK TO A DOCTOR ONLINE OR BY PHONE FROM THE COMFORT AND PRIVACY OF YOUR HOME, 24 HOURS A DAY. TO REGISTER, GO TO MY ACCOUNT AT HMSA.COM.

IF YOU HAVE QUESTIONS ABOUT THIS REPORT, PLEASE CALL US OR VISIT HMSA.COM. HMSA phone numbers are listed on the back. THIS IS NOT A BILL.

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